CQM Infrastructure Overview Texas DSHS RWHAP Administrative Agencies

Virtual CQM Training Series

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Zoom Helpful Hints

- Press esc to exit full screen
- Hover over the top to change "view" options
- Place yourselves on "mute" until you're ready to pose a question or make a comment
- Use the "chat" room to pose questions and make comments
- Meeting will be recorded and available for sharing after the meeting

- Please enter your name in the "chat" room

Learning Objectives

- Name the two components of CQM Infrastructure.
- List the primary components of a comprehensive CQM Plan.
- Explain how to use Attachments to complement CQM Plans in a way that help to keep CQM Plans concise and manageable.
- Describe the importance of a variety of stakeholders' involvement in CQM planning, implementation, and evaluation.
- Describe how your role as an AA is on two levels related to CQM infrastructure.

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AA Variability

Keep in mind as we go through this presentation that not all AAs are the same. For AAs that overlap with Part A service delivery areas, you are likely to have more structure in place at your level to help shepherd the providers you manage. For AAs that DO NOT overlap with Part A service delivery areas, you are likely to have less structure in place at your level to allow for greater flexibility across the farther flung providers you manage.

As we work our way through this presentation, please keep in mind that we will be discussing how to manage CQM infrastructure at your level as an AA in addition to providing you with guidance on how this is managed at the provider level in the field.

CQM Plans

CQM Plans are the documents that really govern our work in CQM. While there might be an institutional policy around CQM, it will point to the CQM Plan as the functional driving force behind CQM and will reference the CQM committee in it relationship to organizational leadership through CQM staff as the parties responsible for driving CQM activities.

At the AA level, CQM Plans address the many provider groups and the services they provide in your service area. These plans are HIV-specific and must include minimum expected characteristics mandated by the statewide program.

At the provider level, CQM plans address the systematic delivery of care at the client level. These plans are typically NOT HIV-specific since HIV care is typically only a small part of what the provider organization does. They still must include the expected characteristics mandated by your AA as an agent of the state.

Polling Questions

POLL QUESTION:

1. Do you have a CQM Plan that encompasses all the Part B funded activities in your region?

    a. Yes

    b. No

    c. I'm not sure

2. Does your regional CQM Plan include any language/process/content that makes it Cross-Parts?

    a. Yes

    b. No

    c. I'm not sure

    d. Not applicable

3. Do all the Part B funded providers in your region have their own CQM Plans?

    a. Yes

    b. No

    c. I'm not sure

Clinical Quality Management Framework
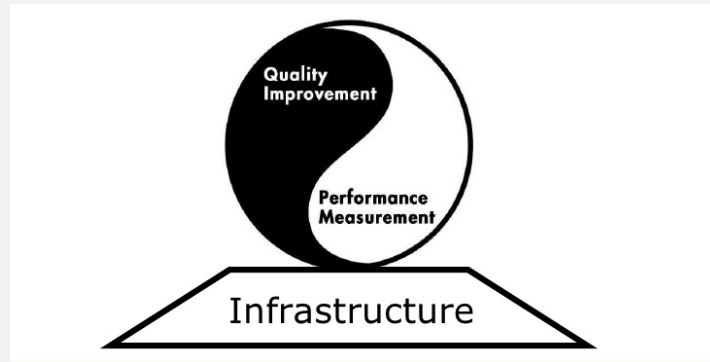
CQM Plan + CQM Committee

CQM Plans tie quality to your organizational mission and vision:

- "Living Document"
- Drives all quality process and directs stakeholder involvement, including staff and consumers
- Provides focus for performance measurement as it relates to quality priorities and improvement

CQM Plan Components

- CQM Program Strategic Positioning

- Program Infrastructure

- Performance Measurement

- Quality Improvement

- Attachments

Clinical Quality Management Plans have components that can are broken down into areas that follow the way we conceptualize Clinical Quality Management – infrastructure, performance measurement, quality improvement.

STRATEGIC POSTIONING: Quality Goals, Quality Statement/Vision/Mission/Values

INFRASTRUCTURE: Senior Leadership, Staff Involvement, Clinical Quality Management Committee, Evaluation

PERFORMANCE MEASUREMENT: PMs, frequency, data sources, etc. encourage the to have a table that includes this info

QUALITY IMPROVEMENT: Keep it broad - what methodology are you going to use (PDSA cycles, lean, etc.), how projects are selected, use of teams, QI charters, etc.

ATTACHMENTS: Work plan, Capacity building plan, PM submission form/instructions, QI submission form/instructions. Each of these needs

enough information to track progress in QM activities across the QM Plan periods.

Strategic Positioning

- Quality Statement is the purpose behind your CQM program.
- Quality Goals are connected to the quality statement.
- Quality Goals are interactive aspects of the plan
- Be judicious!!
  - *Include goals that are most tied to vision/mission*
  - *Fine to focus on different areas like work processes, outcomes of work, operations and finance*
  - *Only one or two goals per area (limit of 3-5 total)*

Project Aims

Quality Statement

Org. Vision
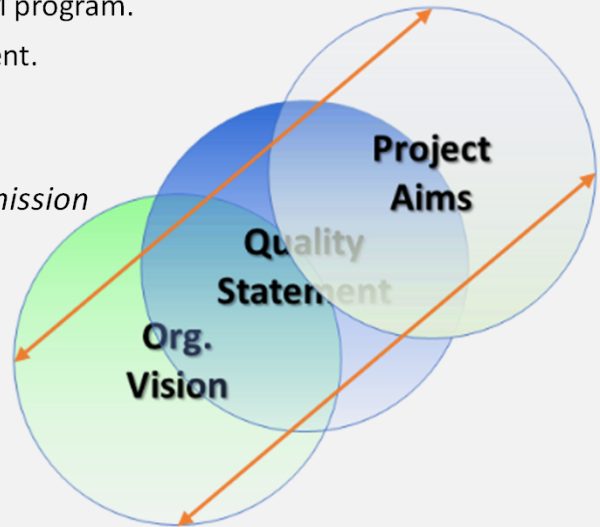
The quality statement is an overarching statement for your quality program that stays pretty much the same over time.

Quality goals help your stakeholders understand what is happening with CQM in a concrete sense. Understanding the strategic alignment between vision, quality statement, and goals helps to smoothen out the quality program and increase the consistency of team excitement on working toward goals. Quality Goals are NOT the same as quality improvement projects and quality goals should be broad enough that quality improvement projects can fit into them.

While goals are helpful ways to refine your quality statement and to live your organizational vision and mission, it's vital not to get carried away, especially at first.

At the AA level, you should have minimal quality goals that are in addition to the state quality goals. We must be intentional and avoid the perception of Public Health Run Amok.

At the provider level, there should only be 1-2 quality goals per functional area of an organization and its advisable not to have more than 3-4 total. If there are too many goals, it is easy to get lost in the weeds or the spaces between the projects. Having

a few very clear projects helps maintain focus, drive, and momentum! This is an important area where you can provide guidance to provider organizations on strategic alignment of their overall goals and purposes.

Goals can change from version to version or stay the same as appropriate.

Infrastructure – *Leadership Approval*

- Key way leadership shows its support.

- CQM plan should be signed by the CQM staff's supervisors going up the chain of command to the highest appropriate level.

- Periodic opportunity to emphasize importance of quality culture in helping achieve organizational vision and mission.

A key way senior leaders are involved in quality management is through their approval of the quality management program and the many activities it encompasses.

They are showing support and interest, but importantly this is an opportunity to ensure the clear alignment of overall program vision/mission with the quality program and its goals/objectives for the year.

This typically takes the form of a signature page on the end of the presentation. In getting the signature its an opportunity to provide a quick update/review of annual progress, should other opportunities not arise along the plan year.

At the AA level this means having relevant AA level staff and stakeholders signing off on the regional plan.

At the provider level this means having relevant care team and management staff and other stakeholders signing off on the institutional plan.

Infrastructure – *Stakeholder Involvement*

- <u>All staff</u> are mentioned, including leadership

- Community touchpoints, who/what/when

- Delineate the ways stakeholders are involved:
  - Clinical Quality Management Committees,
  - Quality Improvement Teams,
  - Primary audience for staff experience evaluation.

- Supports language included in position descriptions and annual performance reviews

In this section, describe the ways in which the involvement of all staff in quality management is important to your region in the state. It is an opportunity to exhibit a quality culture by delineating specific responsibilities by staff level.

Beyond the staffing level, think about ways staff are involved by participating in committees and QI teams, but also in terms of staff experience evaluation. It is important to align the language within staff position descriptions with the description of staff involvement with CQM here.

At the AA level, you should also consider listing other key groups you would involve in the regional CQM program. If you are a Part A, then consider your Planning Council. If you are a FTC or region, consider including your task force or any other workgroup (Achieving Together is another example)

Infrastructure – *CQM Committee*

- Committees tie together with CQM plans as the vehicle for CQM progress in organizations
- An overall CQM committee should draw from all corners of your organization including stakeholders such as sub-recipients and consumers
  - The CQM committee supports the activity of QM staff
- Some CQM Committees will have sub-committees and teams of folks actively engaged in CQM work across their organization
  - More an issue for large organizations and/or organizations with multiple points of service

Clinical quality management committees are the key ways to engage others from your administrative agency in clinical quality management. They are given life and power by founding policies and by the clinical quality management plan, which lay out their function, expectations, and deliverables.

The overall committee should not have more than 10-15 people to allow for efficient discussion and motion. There are opportunities to join sub-committees and QI and other functional teams for folks who are interested in that level of involvement beyond the initial 10-15. That being said, remember that you need to draw CQM committee members from all corners of your organization.

An important distinction to make is between the quality committee, which is broader and includes a cross-section of program staff, consumers and is led by your organizational CQM staff. In making distinctions and dividing work BE JUDICIOUS in meeting frequency and duration so as not to overwhelm or overwork folks. Clarity in communication about roles and responsibilities is an important consideration for your CQM Plan.

Infrastructure – *Consumer Involvement*

- This is an important goal for all RWHAP programs at all levels.
- Sometimes we have resident consumer experts among our staff
  - Be inclusive
  - Be respectful
  - Be discreet
- Consumer Involvement is challenging at both the AA and provider levels – trust/issues and judgement on what's a good use of time
- Don't go to a support group expecting profound innovation
- Be action-focused and results orientated from consumer perspective

Infrastructure – *CQM Committee Continued*

- The CQM Committee is laid out completely in the CQM Plan

    - Members (roles – not names)

    - Functions (data review, maintenance of QM Plan, processing of quality goals)

    - Frequency and locations of meetings

    - Determination of quality projects

    - Assignment of QI Teams

    - Responsible for analyzing QM Plan evaluation

When it comes to the CQM committee, it's all in the plan.

Each role in the committee should be described there in addition to core traits/characteristics of folks who will be good in that role. For folks who are identified, you can consider naming them… after all, this plan is updated annually or semi-annually and you'll get more buy-in from folks when they are formally acknowledged for their efforts.

Beyond the members, the other logistics, such as roles, frequency or meetings (and location), the way quality projects are determined, the way QI teams are formed, and the folks who are responsible for analyzing the QM plan evaluation are all included in the description of the committee. For committee roles, think about the work of the committee as a way to organize those).

If there is a separate CQM team internal to your AA, it's important for that to be included in the CQM plan as well.

Infrastructure – *Evaluation*

- Outline the steps involved in the evaluation
  - What is the logic model?
  - What data are collected and analyzed as a part of the evaluation?
  - How are changes made from year to year?
  - Include an emphasis on sustainability of change/improvement
- Outline types of evaluation
  - Internal findings based on your work plan
  - HRSA/HAB site visits
  - DSHS site visits
  - Staff or consumer feedback mechanisms

Similar to other areas of the quality management plan, this section will outline your standard evaluation of the quality management program. What is your logic model? What data are collected and reviewed as a part of your evaluation? Do you many any changes in your plan or in your review from year to year? Make sure that sustainability is strongly emphasized here.

Reminder – the evaluation should be presented in at least an elevator speech to organizational leadership or whoever is responsible for signing off on your CQM Plan.

Performance Measurement – *Simple Table*

- The measures themselves

- Frequency of collection

- Data sources

- Where to turn with questions and concerns

HIV Care Continuum, 2018

Category	Percentage
HIV+ Individuals Living at end of 2018	100%
At Least One Visit/Lab	77%
Retained In Care	70%
Achieved Viral Suppression	61%
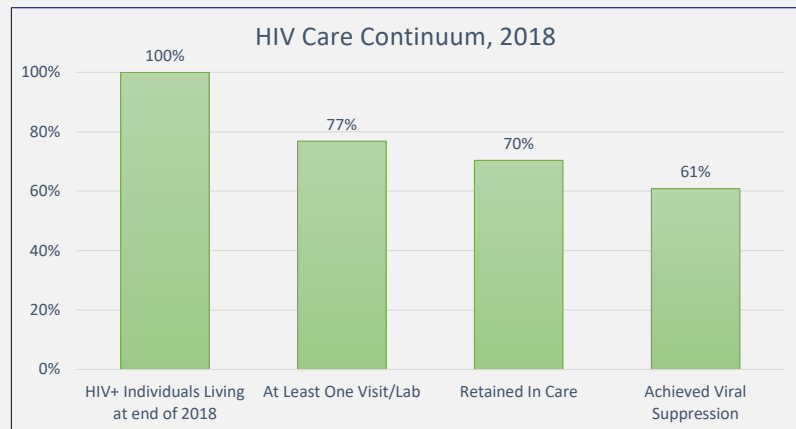
Performance measurement is a key activity that is laid out within your CQM Plan to formalize it. It is encouraged that this section include a short opening narrative that describes the process for measure selection followed by a relatively simple table. The table should include all information recipient CQM staff and sub-recipient staff needs to generate and track all performance measurement tracking related to sub-recipients.

It is recommended that there are a couple of sentences following the table to identify where folks can turn with questions related to performance measurement

Quality Improvement – *The Big Picture*

- QI Methodology (Model for Improvement, Lean, etc.)
- QI Project Selection (priority-setting)
- QI Project Charters (documents and guides work, lends itself to a write-up)
- Use of State-Level Teams (for participants to engage at the state-level along their interests and to promote stronger buy-in and participation within sub-recipient agencies)
- QI Data Management (project reporting, training, etc.)

QI Methodology - Model for Improvement, Lean, etc., are all methods that are used. The Model for Improvement, highly emphasizing PDSA cycles is the most common route for RWHAP recipients and their sub-recipients)

QI Project Selection - priority-setting among measured opportunities to improve – how do we know what to do first??

QI Project Charters - documents and guides work, lends itself to a write-up

Use of State-Level Teams - for participants to engage at the state-level along their interests and to promote stronger buy-in and participation within sub-recipient agencies

QI Data Management - project reporting, training, capturing other activities related to QI

Attachments – *Workplan*

- Single document with all necessary/relevant areas tied together (excel is best)
  - QM Staff tasks
  - QM Committee tasks
  - Internal and External Committee tasks
- Sometimes helpful to group tasks by quality goals or goal types for sharing with stakeholders

As with any other project management, a work plan is an important way to make sure continual progress is made toward goals and that there is a common understanding of who is doing what when how and why. Excel is a great way to maintain complex and detailed information organized by month, department and/or any other unit that is administratively useful for the EMA/HSDA.

Since quality goals are aligned with overall organizational values and strategic planning, it is helpful to group tasks/assignments in the workplan by quality goal. This will improve communication with staff and other stakeholders involved in the work.

Attachments – *Other Items*

- At the AA-level, its helpful to have attachments that double as communication tools to set provider expectations
  - Capacity building plan
  - Data collection plan (measures, submission forms, data dictionaries, etc)
  - QI collection form
  - Standard survey instruments
- At the provider-level its helpful to have attachments that drive work plan progress
  - Capacity building plan
  - QI process tools

Discussion

CQM Committees

As we mentioned before, it's important to keep in mind that we are training on two levels – the AA level and the provider level.

Polling Questions
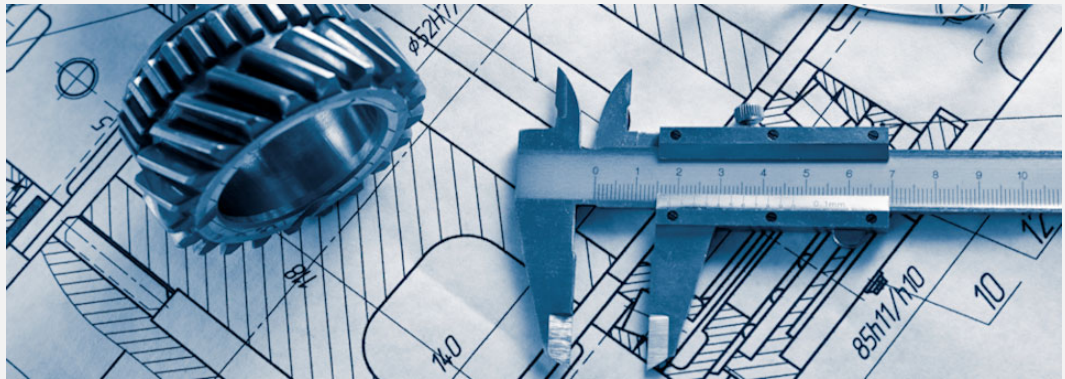
POLL QUESTION:

1. Do you have a CQM Committee that includes all the Part B funded entities in your region?

    a. Yes

    b. No

    c. I'm not sure

2. Does your regional CQM committee have a consumer member?

    a. Yes

    b. No

    c. Not Applicable

3. Do all the Part B funded providers in your region have their own CQM Committees?

    a. Yes

    b. No

    c. I'm not sure

Clinical Quality Management Framework
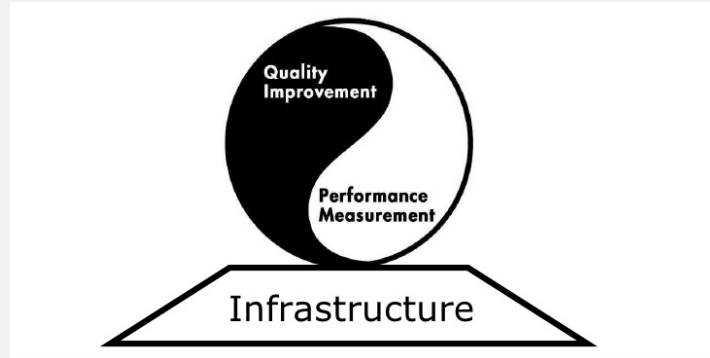
CQM Plan + CQM Committee

CQM Committees bring your CQM Plan to life!

CQM Committee Purpose

- Brings together stakeholders from a cross-section of your service area
- Reviews performance measurement data curated by your AA's CQM team
- Advises on clinical quality management program activities
- OPPORTUNITY for peer learning and sharing of best practices
  - AA and provider staff and consumer training in CQM and QI
  - Provider coordination of activities related to regional QI projects
  - Demonstrates passion and attracts back more passion from providers and consumers alike

CQM Committees help to steer the overall program based on the CQM Plan and is the other infrastructure component to a CQM program.

- Advisory in nature – nothing is carved in stone
- Transparency is important!
- Reviews performance measurement data curated by internal CQM team
- Makes recommendations to internal team on QI projects

There is a major opportunity to use the committee as a learning laboratory for your staff and other stakeholders

Grant Administration

- Grant administration refers to the activities associated with administering a RWHAP grant or cooperative agreement.
- The intent of grant administration is **not** to improve health outcomes. Therefore, they are not CQM activities.

> Grant Administration ≠ Clinical Quality Management

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Grant administration does not improve health outcomes so is not clinical quality management. The hair is split along the lines of a focus on improving HIV health outcomes.

The CQM Committee does NOT advise on administrative matters, but focuses solely on clinical quality management

CQM Committee Structure

- Includes cross-section of ALL stakeholders
- Meets regularly
  - Work-plan driven
- Described fully in CQM Plan
  - Who are the members and how are they trained?
  - How does it interact with other relevant structures at your agency?
  - How are decisions made that affect CQM and QI for service area care and treatment services?

Committee members include all stakeholders from consumers to subrecipients and

Subrecipients can be contractually required to participate in the CQM committee, but the trade off is that it can expand the number of participants to be too large

Everyone is trained in CQM and QI methods with special opportunities identified for folks with lower baseline competencies, especially consumers.

CQM Committee Membership

- Should have no more than 15 members
  - Make sure there is consistent and diverse participation from across your service area
- Consumers are part of the committee, but interaction with parallel consumer groups is important
- No subcommittees to start, but likely will be needed as time goes on
  - Data, QI, Capacity Building, etc.

Performance Measurement

- Purpose is to review data to advise on potential QI projects
- Data is curated by the AA CQM team to focus on areas identified as the most important
  - Full dataset may be available for review
- Segmentation adds value to discussions related to:
  - Health equity and potential directions for QI activities
  - Opportunities to find cross-agency learning opportunities, quality champions
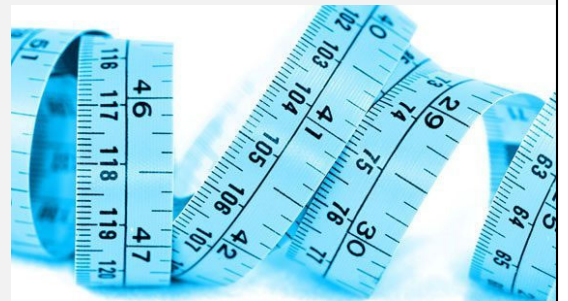
Transparency is VERY important so never make it seem like you are holding anything back. After all, review of PM data is a primary activity of the CQM committee.

Quality Improvement

- Members are trained in CQM and QI methods
- All QI Projects are structured!
  - What activities are subrecipients going to do tied to the overall service area?
  - Does anything happen at the AA level that is above and beyond the CQM committee meetings?
    - Training
    - Reporting expectations
  - Projects are selected on data, priorities and relevance to participating sites

Workplan

- Efficient method for tracking tasks
  - Guidance for all CQM work in your service area
  - Communication tool
- Important tasks to include:
  - Data reviews and presentations
  - QI Project discussion and selection
  - QI Project updates and reports on associated QI activities
  - Training for new and ongoing members!

How to Leverage Stakeholders

Clinical Data

Funding Data

Patient Care Experiences

Risk / Behavior

Recommendations

Workgroup or Committee

Planning Council or Board of Directors

QI ACTIVITIES

Training

Discussion

Change Ideas
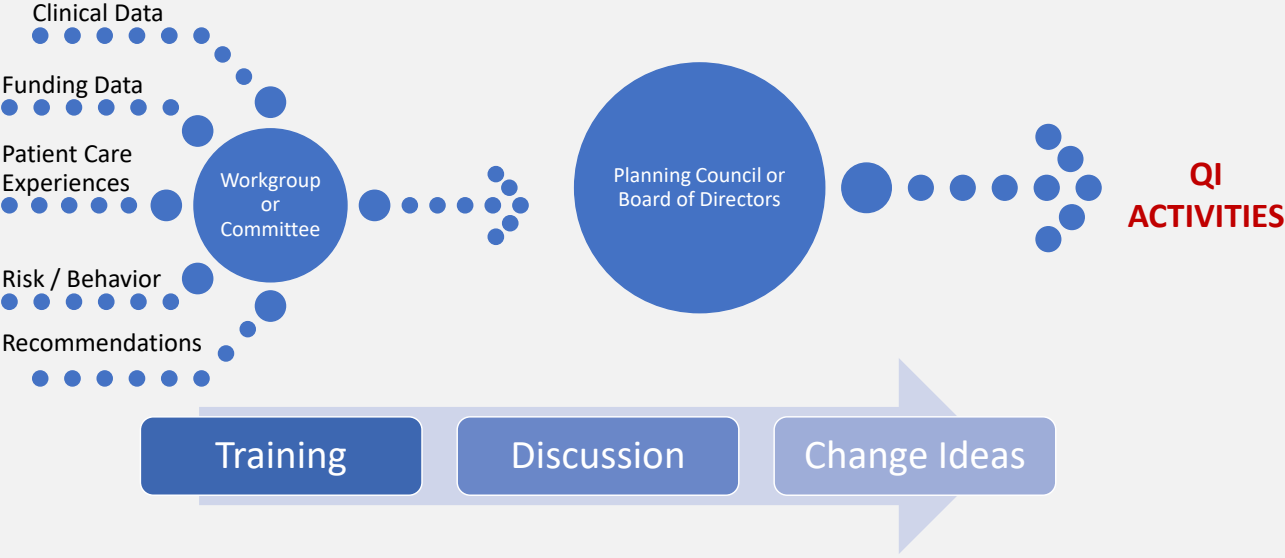
Opportunities for Engagement

- CQM Committees
- Consumer Involvement mechanisms
- Other Community Involvement mechanisms
- Planning Groups
  - Planning Council
  - HIV Planning Groups (HPC)
  - Ending the HIV Epidemic Planning Groups (EHE)
  - Fast Track City Planning Groups (FTC)

A Matter of Process

- It's all here…
  - Passionate stakeholders
  - Tons of quantitative data
  - Ever-growing sources of qualitative data
- Connecting the dots…
  - We're starting today
  - Ongoing engagement is coming!
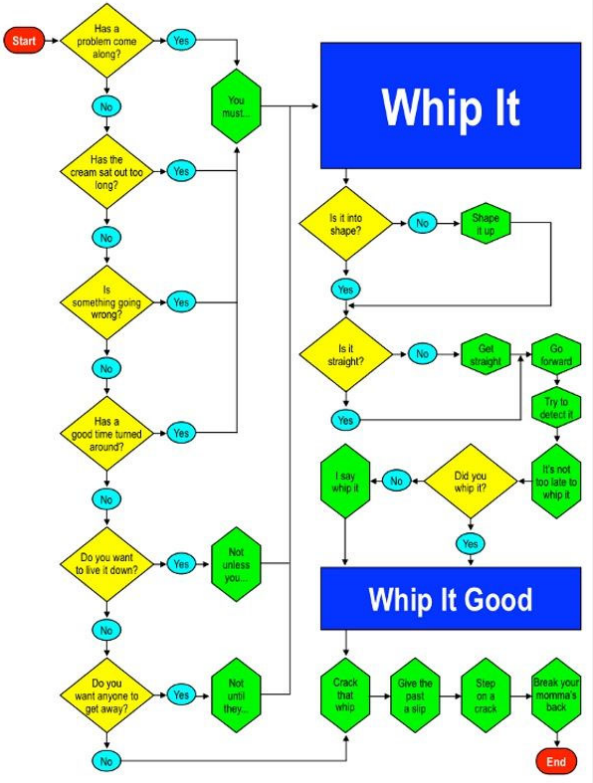
AA Leadership in CQM Infrastructure

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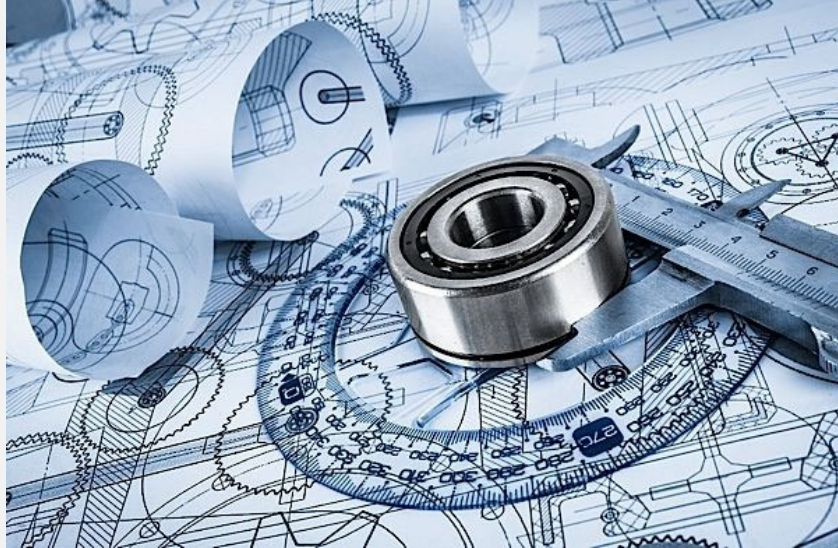
POLL QUESTION:

1. Does your region have a central repository or access point or portal for CQM stakeholders to access documents and important information related to your region's CQM program?

    a. Yes

    b. No

    c. I'm not sure

2. Do you spend more time reviewing the CQM Plans written form or reviewing progress in achieving its goals through a work plan or other road map?

    a. CQM Plans

    b. CQM Plan Attachments

    c. We don't spend much time reviewing any of this with provider organizations.

    d. I'm not sure

3. Did you tie your CQM activities to your component of Achieving Together activities and, if relevant, USEHE activities?

    a. Yes

    b. No

    c. I'm not sure

DSHS Contract Components for CQM

- QM Plan with annual review and update
  - Annual goals, workplan, stakeholder involvement (including capacity building)
- QM committee with quarterly meetings (record/share minutes)
- Collect/report all required data in ARIES
  - Method to validate data
- Care continuum and other data stratified to identify disparities
- Participate in annual program monitoring
- Provide updates on program progress to all stakeholders
- At least 1 QI project always ongoing that is linked to one of DSHS's 4 Strategic Domains

How Does This Work in Texas?

HRSA	DSHS	AA	Providers
Funder	Recipient	Sub-recipients	Sub-Sub-recipients
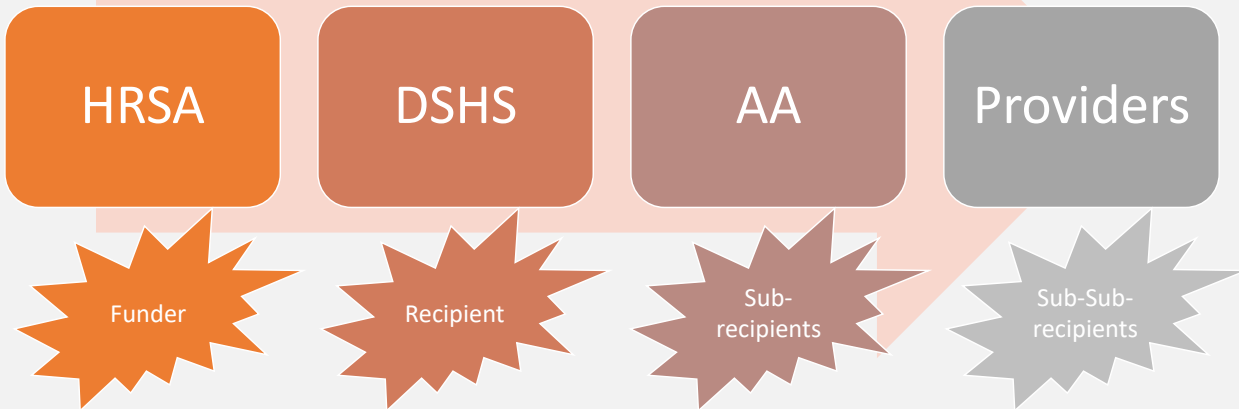
38

Just a quick reminder that we're a little different in Texas. Our role as administrative agencies is to create an environment for quality excellence in our service delivery areas. We take the wire frame expectations from DSHS to create an environment that works BEST for our regional RWHAP funded provider organizations and ultimately the PLWH they serve in the field.

AA Scale

- Administrative Agencies are responsible for:
  - Regional CQM Plan that is tied to the statewide plan
    - Evaluating the regional plan
  - Regional Quality Committees
    - Internal CQM Committee
    - External CQM Committee

- The scale of your AA is important – Regions with Part A are likely to provide more concrete for their providers than regions without Part A

- Always consider, How does my region fit into the overall state system of care and CQM program?

39

Primary Concerns for AA CQM Infrastructure

- Strategic Positioning Overall
  - Align upwards with state
  - Live and breathe your own institutional values, mission, and vision
  - Maintain flexibility in your regional plan to allow for provider organizations to meaningfully include its expectations in their own home plans
- CQM Plan
  - Include a description/action for all relevant groups (PC, EHE, FTC, etc)
  - Aim to include consumers and community groups consumers hail from
  - Create attachments that are focused on communicating expectations
- CQM Committee
  - For Part A overlaps, be sure there is an internal AND an external CQM committee
  - Non Part A overlaps only need an external CQM committee

Discussion

Quality Control (Operations) | **Quality Improvement (System Change)**

Key Tasks	Data for Control	Guidance	Tier	Key Tasks	Data for Improvement	Aims Alignment

• Define core values
• Articulate principles
• Obtain and deploy resources
• Monitor "Big Dots"
• Frequent frontline observation
	• "Big Dot" system metrics, process and outcomes metrics
	• Reports to external stakeholders
		• Coaching (all tiers) in workplace
		• Monitor T2 standard work
			Tier 3 Executive, VP	• Monitor environment, anticipate change
				• Quality planning:
				  ○ Set strategic direction
				  ○ Commission and drive system-wide initiatives
				• Consistent messaging
				• Celebrate improvement
					• Aggregated system process and outcomes metrics
					• T2, system QI project status and metrics
					• Population, organization impact
						• Negotiate T2 strategic goals
						• Launch, prioritize system QI initiatives

• Interdepartmental coordination • Obtain and deploy resources • Define department metrics • Monitor department operations, planning	• T2 summary of daily operational issues • Standard department operational metrics	• Coaching T1 on standard work • Monitor staff, process capability • Monitor T1 standard work	**Tier 2 Dept. Manager, Director**	• Conduct root cause analysis • Quality planning: Commission T1 projects • Lead interdepartmental projects	• Aggregated unit process and outcomes metrics • T1 project status and metrics • Staff QI capacity	• Negotiate T1 goals • Launch, prioritize, monitor T2 projects
• Monitor unit operational status • Define unit standard work, metrics • Manage shift staffing, shift patient priorities, etc. • Incident response, escalation	• Summary of daily operational issues • Standard unit operational metrics • Incident reports	• Coaching "what to do and how" • Coaching on problem detection and response • Monitor frontline standard work	**Tier 1 Unit Manager**	• Coordinate with improvement specialist to surface problems, best practices • Lead T1 QI projects • Lead root cause analysis • Lead daily PDSA	• Unit project status and metrics • Problems for escalation to T2 projects • PDSA results	• Negotiate unit goals • Launch, prioritize, monitor unit-level QI projects
• Situational awareness, prioritize care tasks • Define frontline standard work • Adjust to usual process variation, patient needs • Respond to atypical process variation	• Observations of care process and environment • Patient feedback and observations • Clinical data, tallies of process operation	• Clear communication to support patient and family decisions and expectations	**Charge Nurse, Frontline Staff**	• Undertake simple process fixes ("See-Solve") • Identify ideas for change • Engage in PDSA	• Identify problems for escalation to T1 • Ideas for improvements	• Participation in QI teams for aligned improvement • Engage patients in improvement
Patient Care Interface				**Patient Care Interface**		
• Trigger acute system responses • Report on current symptoms, situation, emerging needs, etc.	• Presentation • Stories and observations • "What matters to me?"	• Candid talk, transparent dialogue • Post quality data (online)	**PATIENTS and FAMILIES**	• QI team participation	• Identify process problems, offer suggestions • Stories and observations	• Patients and families shape aims for improvement

DSHS

AA's

Providers

Providers

Source: IHI Sustaining QI White Paper

PCN 1502 and Subrecipients

- Recipients are to <u>identify the specific CQM program activities</u> for their jurisdiction.
  - CQM activities include performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items.
- Recipients need to <u>ensure that sub-recipients have the:</u>
  - <u>Capacity to contribute</u> to the recipient's CQM program
  - <u>Resources to conduct</u> CQM activities in their organizations
  - <u>Ability to implement a CQM program</u> in their organizations

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Recipients are responsible for their jurisdictions and their subrecipients.

1. Performance measurement portfolio (1 measure each, 2 for highly prioritized/utilized services) and dictating the logistics of quality reporting (what frequency, into what system such as CAREWare, etc).

2. QI activities (whether they be trainings, projects, collaboratives, etc that we just discussed)

3. Demonstration of QM programs (how can subrecipients structure their programs and what is required – a plan? Committee minutes, etc.)

Recipients need to ensure that sub-recipients

1. Are contributing to the overall Part B CQM program (how it all fits together in addition to being able to assess and address deficiencies)

2. Receive training and are capable of implementing their own CQM programs

3. Receive resources and training on how to conduct CQM and QI activities in their home organizations

PCN 1502 and Subrecipients

- Recipients are expected to <u>provide guidance to subrecipients on prioritizing measures</u> and collecting data.
- Recipients need to <u>work with subrecipients to identify improvement opportunities and monitor quality improvement activities</u> at the subrecipient locations.
- Prioritization of <u>CQM activities should be coordinated across RWHAP recipients within jurisdictions and subrecipients funded through the recipient</u>.

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Recipients are expected to provide guidance to subrecipients on prioritizing measures and collecting data – ideally, technical assistance should be available, too.

Recipients are similarly expected to provide guidance to subrecipients on identifying improvement opportunities and to monitor quality improvement activities at subrecipient locations. That being said, a balance MUST be struck! You will find it is tempting to spend your time reviewing QM Plans from sub-recipients… DON'T DO IT!!! You will want to provide guidance, but cannot do that to the exclusion of the real QI work. Real QI work includes providing training, coaching, or technical assistance regarding clinical quality management, particularly QI Project selection, implementation, and spreading change. Per HAB, you don't actually need to collect QMP Plans from sub-recipients… as long as your expectations for sub-recipients are clearly delineated in their contracts. This is a strategy to make sure your focus stays in the right places. Instead, consider asking about quality goals and associated quality projects. Follow-up with a question on how the project was selected and on the basis of what data.

As a recipient, the Part B organization should try to work with all recipients in their Part A service area to align CQM priorities. The Texas Part B organization has a strong tradition of working with the Part A organizations within its service area.

There is often an overlap of sub-recipients for Part A and B and there is often an overlap of Part A subrecipients with Part C and D recipients. Working together with the Part C and D recipients and leveraging the expertise of the local AIDS Education Training Center will strengthen the overall approach and likelihood for improvement.

Infrastructure

Recipient roles involve assessment, capacity building, technical assistance, and a mechanism for sub-recipients to participate in statewide CQM planning.
THIS IS NOT M&E!

Recipients
- Leadership
- Quality Management Plan
- Quality Management Committee
- Dedicated Staffing
- Dedicated Resources
- Stakeholder Involvement
- Evaluation of CQM Program

Sub-recipients
- Resources from recipient
- Capacity to participate in regional program
- Formal CQM program (as outlined in contractual agreement between recipient and sub-recipient)

TEXAS
Health and Human Services

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AS THE PART B RECIPIENT

Infrastructure is the grounding element of a clinical quality management program. The elements included here are the keys to success for any CQM infrastructure, but are expected to vary in scope across recipients. Sub-recipients have more flexibility in implementing CQM programs under the guidance of recipients and we'll cover that in a moment.

Leadership involvement is critical to the success of any quality program, because without involvement of senior leadership the CQM program can become misaligned from overall agency strategic planning and direction. Senior leadership doesn't need to be involved in the day to day, but more to help clear logjams (typically human and financial resources) and to steer/align the program overall.

The Quality management plan is where the infrastructure is written down and saved. It should include a description of all these areas, but also of the performance measurement system, quality goals, and quality improvement methods. The plan should be updated in annual or semi-annual cycles to reflect changes in infrastructure, and shifts in the performance measurement system, and to name unique quality projects. The timeframe for the plan should be frequent enough that you can assess the fit or propriety of your quality goals and that the workplan and evaluation are not overly drawn out (i.e., 4-5 years is too long). Conversely, the plan

shouldn't be so short of a timeframe that there isn't sufficient time for change or ability to collect data important to quality planning (i.e., many states are moving to 18-24 month plans to allow for breathing room).

The quality management committee can be constructed in different ways– some states have small groups and others have larger groups. Some states have small internal groups that are informed by large external stakeholder groups. Other states allow subrecipients and consumers to sit right on their actual committees. It is recommend that these groups meet at least quarterly to maintain focus and momentum.

The important last component is evaluation. Evaluation of a quality management program is a simple model based on performance measurement data and quality activities and testing the extent to which improvement goals are reached. The evaluation is used to inform the creation of the following cycle's plan.

FOR PART B SUB-RECIPIENTS

There is much more flexibility in terms of the CQM program for sub-recipients. If sub-recipients are direct recipients of RWHAP funding of other Parts, they will have different expectations set by HRSA. In creating an overall CQM program for your network, it is important to allow for a certain flexibility that won't overburden multiple funded agencies.

Recipients are expected to ensure that sub-recipients have the capacity to participate in the network-wide CQM program – this can include CQM knowledge assessment, training delivery, creation of a place to enter performance measurement data for central analysis, creation of a place for recipients to securely share information – this is NOT monitoring and evaluation. A formal CQM program is required, but the recipients should not spend all their time reviewing CQM plans. Instead, CQM plans can be a requirement in contracts and then whether or not they have a plan becomes a matter of compliance. Recipient CQM staff should spend their time coaching, training, and providing technical assistance and other support to sub-recipients through the lens of the network-wide CQM program.

Expectations for subrecipients are enshrined in: RFA language, contract language, statewide CQM Plan. Subrecipient compliance with CQM expectations are monitored indirectly through monthly reports and directly through participation in metro-wide QM activities and through site visit monitoring processes.

CQM Resources

- [PCN 15-02](#)
- [PCN 15-02 FAQs](#)
- [HRSA-HAB Center for Quality Improvement and Innovation](#)
- [HRSA-HAB Target Center](#)
- [NQC Quality Academy](#)
- [NASTAD](#)
- [National Quality Forum](#)
- [Institute for Healthcare Improvement](#)
- [American Society for Quality](#)
- Texas DSHS CQM Staff!
- Hager Health, LLC!

PCN 15-02 is the RWHAP requirement for CQM

There are FAQs developed by HAB to accompany PCN 15-02

The CQII (formerly NQC) website offers a number of resources across a range of CQM subject matter, but their TA focus is strictly on QI

The old NQC Quality Academy contains 20-minute segment trainings on CQM subject matter.

NASTAD has a number of resources including health care access and health systems promotion.

The National Quality Forum is a clearinghouse for performance measures and indicators.

And of course can always reach out to us and the TX DSHS CQM team!

Webinars in Virtual Training Series

Title	Date
Regional CQM Performance Measure Data/Activities	1/20 11am CT
Regional CQM Capacity Building and Evaluation	2/22 9am CT

Question & Answer
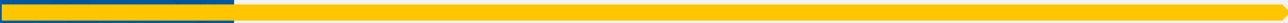
Please help us improve by responding to the evaluation questions! Thank you for all you do!

EVALUATION QUESTIONS

1. This meeting and discussion met my expectations (strongly agree through strongly disagree)
2. This meeting was (too long, just right, too short, no opinion)
3. There were opportunities for me to share and participate in this webinar (too little, just enough, too much, no opinion)
4. The content provided in the meeting was (too little, just enough, too much, no opinion)